

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LH	68904	6/9/00
O.I.P.E. CLASSIFIER	ST	69916	7/29/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/17/03
2	✓	✓	3/16/04
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	0	0	
22	0	0	
23	0	0	
24	✓	✓	
25	✓	✓	
26	✓	✓	
27	✓	✓	
28	✓	✓	
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If more than 150 claims or 10 actions  
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